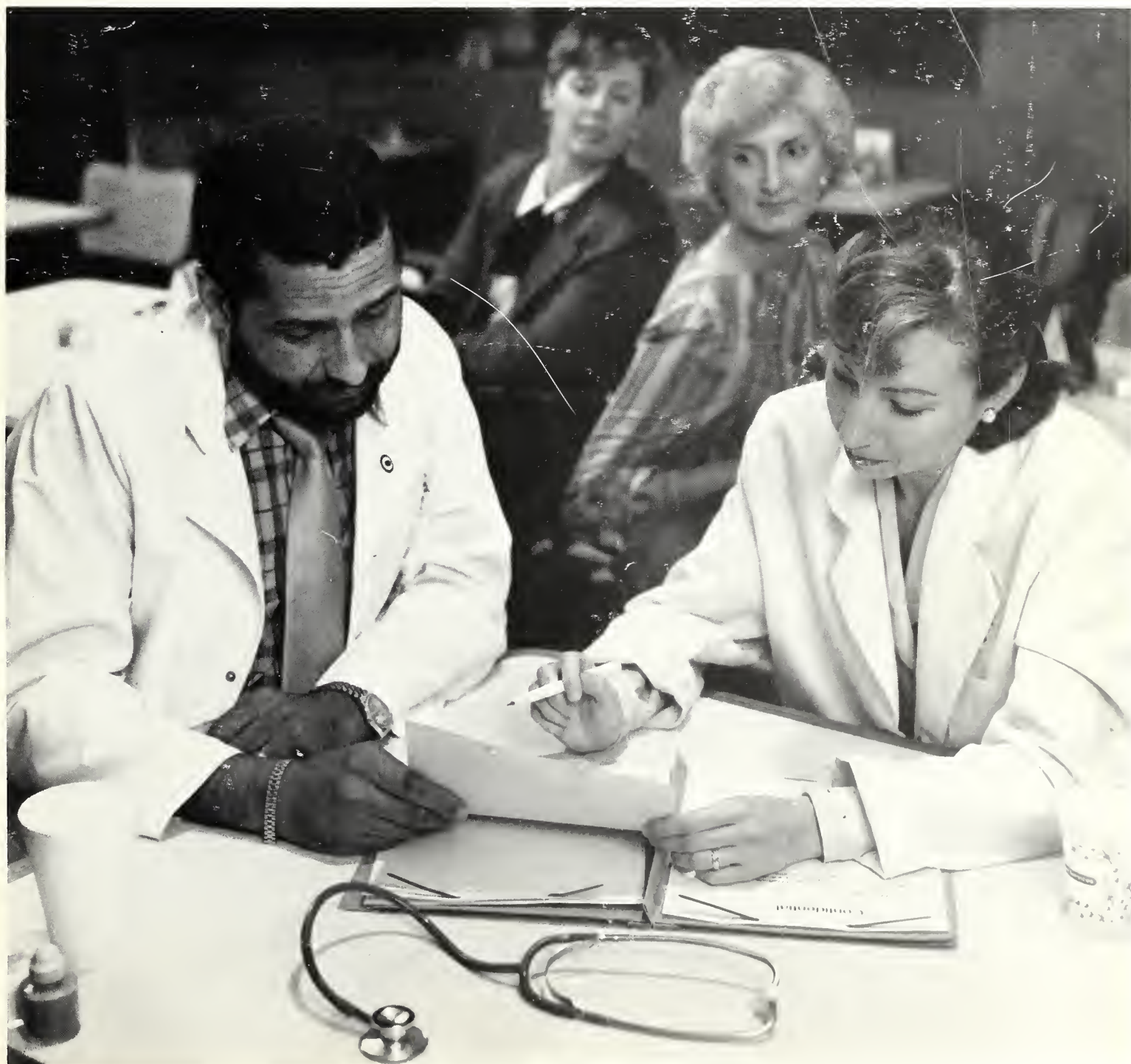

Pilot Issue

In this issue:
Zasloff and his frogs
Needle sticks threaten workers
1987 CC award winners

Patient confidentiality

Clinical Center News

December 1987



From the editor's desk . . .

Welcome to the first issue of *Clinical Center News*, a monthly magazine for CC employees. This publication is replacing *Closeup*, a newsletter that has served the hospital and clinic for many years.

Several employees have expressed concern about the new magazine. Let me assure you, we intend to make you, the CC employee, our major focus. We are constantly looking for stories that will be of interest to you. We also want to show you sides of the CC that you know little about. For instance, this issue features an article by Assistant Editor Carla Garnett, who spoke with NIH schoolteachers. What she found was a dedicated group of teachers who make certain that children's educations don't stop when they come to the Clinical Center.

Another article you might find of interest is our cover story about patient confidentiality. The story arose from two events: a breach of confidentiality at the CC in 1986 and from the growing AIDS epidemic. The disease has made patient privacy not only a right but a necessity.

I would like to thank those employees who agreed to pose for the photograph on the *CC News* cover. Between their modeling and Bill Branson's photography skills, we came up with a picture that illustrates how easily patient confidentiality can be broken. The people I interviewed for the article often made references to the accidental breaches of patient privacy. A careless discussion on the elevator or in the cafeteria that can be

overheard by others can have devastating results for the patient.

Building the magazine has been no easy task, but suggestions received from an August readers' survey in *Closeup* has helped create a magazine we hope you'll enjoy.

Several employees shared what they don't like in a publication. "I dislike having to flip pages back and forth to read a complete article," one reader wrote. Although I can't promise we'll never jump stories, we will try our best not to let it happen. Other readers complained that *Closeup's* design was unappealing. We've tried to change that by completely revamping its look through the use of desktop publishing equipment. The cover design was created after numerous good suggestions. Scott Pollard, MAPB, put the ideas together and designed a look we hope you like.

We've put in sections of which we hope you'll take advantage. Check out the classified page, where we offer space to CC employees for free advertising. We've also expanded the calendar and made it our back cover for easy reference.

Even though we're new, we don't plan to sit back. To make certain we don't miss any news, we're recruiting reporters from CC departments. The position is simple enough -- just tell us of major events and interesting people in your department. Interested? Give me a call. We'll be holding our first meeting soon. Make sure your department is represented.

and more letters . . .

Cold Turkey

The way I quit smoking was to me an unusual way from some others. I smoked about two years ago. After eating my meals, I always had a cigarette. One cold night in February, I had my meal -- then realized that I didn't have any cigarettes. I said, "If I never smoke another one, I am not going back out in the cold to buy any." I never did smoke anymore.

Lucille H. Wallace
9 East Nursing Service

Snow message

In light of the early and unexpected snowfall which surprised all of us this year, we would like to remind Clinical Center employees that we are all considered essential and must make the utmost effort to report to work, even during inclement weather.

If a local snow emergency has been declared and you are unable to provide your own transportation to NIH, we will do our best to help you. During a snow emergency, call 496-3315 for transportation and/or overnight accommodations.

Also, if you know anyone who owns a four-wheel drive vehicle and might be willing to volunteer their services during a snow emergency, please have them call 496-2223 as soon as possible.

Raymond B. Becich
Executive Officer, CC

Letters . . .

I'd like to take time out to say how much I appreciate the art on the Clinical Center's walls. I have been coming here for several years now to bring my son, who has cancer. Although the trip is long, I find it such a relief to see beautiful art work when I come into the building.

My son is very ill now and doesn't pay much attention to anything, but he did comment on the art with horses that recently hung on the first floor. I try so hard to find things that please him, so that meant a lot to me.

Name withheld by request.

Whatever happened to that column "From Where I Sit"?

I also heard that there will no longer be a *Closeup*. Is that true? I have looked forward to reading it every month since I started five years ago. Why haven't I seen it for several months?

Name withheld by request

"From Where I Sit," a column by Mary Hepburn, will appear in the January issue of *CC News*. *Closeup* has been replaced by *CC News*.

The editor

Do you have a comment or opinion that you would like to share with other CC employees? Write to us.

Letters, which may be edited for space and clarity, must include the writer's name, work address and telephone number for verification. Names will be held upon request and be considered confidential. Send letters to Editor, CC News, building 10, room 1C255.

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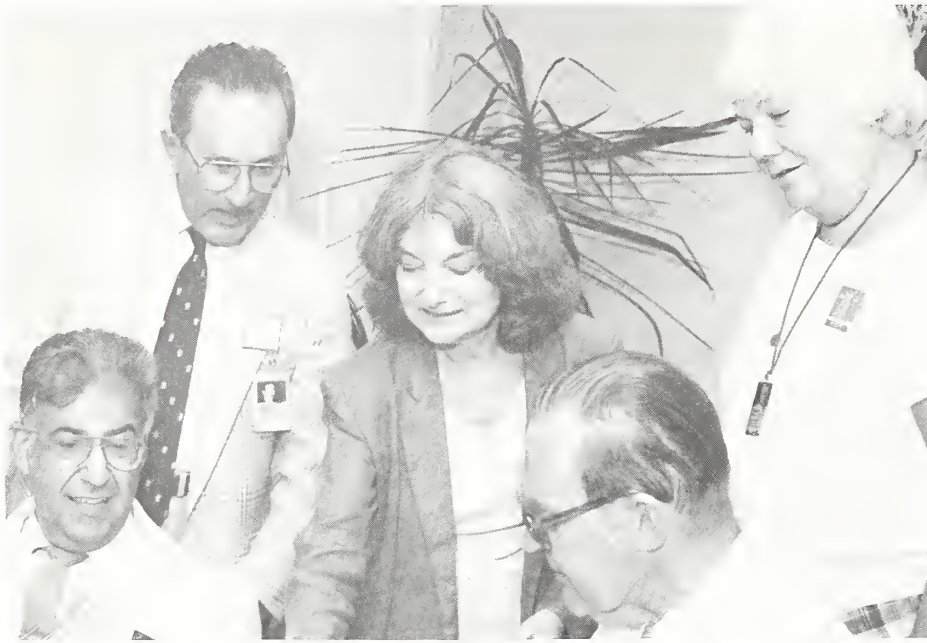


Photo by Emile Branson - MAPB

How Sweet It Is

"A victory meeting of the Creative Anti-Smoking Consortium," suggests Dr. Saul Rosen, Clinical Center deputy director, with a smile. The "consortium" is shown here conferring with artist Betty Hebb who designed the Picasso-inspired "Smoke Free" poster. The poster, part of NIH's six-week campaign to launch its new smoke-free policy, has proven to be an overwhelming success. Pictured (from left, standing) Dr. Daniel Cowell, associate director for quality assurance and medical education; Hebb, visual information specialist, MAPB, DRS; Helen Orem, visual information specialist, CCC; (seated) Rosen; and Dr. John Decker, director, CC.

Smoke-Free Policy Receives Mixed Reaction from CC Staff

By Carla R. Garnett

They can be found on the Patient Activities' patio, or outside the Blood Bank's old area. They come in groups of two or three, or sometimes they solo. Their journeys usually last less than five minutes, more during the lunch hours.

Who are they? They are Clinical Center employees, contractors, or patients and their families. They are doctors, nurses, lab workers and support staff. They are also smokers.

After several months of CC's new smoke-free policy, some CC employees who smoke still have ambivalent feelings about the rule. CC News asked a few to voice their feelings. Here are some of their responses:

"I have no problems with the new policy. I can come out here [CC main entrance] during lunch when I want to smoke. No one in my department seems to be having trouble coping either. Of course, we work in the labs and we never could smoke at the worksite anyway."

Clinical Pathology worker

"I like the new law because now I can't smoke as much. It's actually helping me to quit smoking."

Messenger/Escort

"I don't care for the new policy at all. It seems to me that there are plenty

of other unhealthy vices that employees have, yet smoking is the only one that is being prohibited. A solution might be to have one central smoking area inside the Clinical Center, especially for patients and their families. They are already going through enough stress without having to conform to a no-smoking law."

Employee, Dental Clinic

Other programs that have been developed to support the current campaign include the *Freedom from Smoking* class for NIH employees. The NIH Training Center and the R & W Association sponsor the sessions every six weeks. Classes are taught by instructors from the D.C. Lung Association. Approximately 30 employees have enrolled since the first session on August 18. NIH reimburses the full cost (\$35) to any employee who successfully completes the course. For more information or to register for the course, call the Training Center at 496-6211. To obtain a receipt for reimbursement, call the R & W Association at 496-6061.

Although the smoke-free policy will be in effect indefinitely, the promotion that introduced it ended in mid-October. The slogan and Picasso-inspired artwork that launched the campaign were a huge success, requiring reorders of the posters, buttons and tent cards. In fact, the Surgeon General C. Everett Koop placed his order early in the campaign for posters and buttons. The NIH smoke-free campaign has influenced other parts of the Department of Health and Human Services to adopt a positive perspective on the no-smoking issue. Many employees expressed their enthusiasm about the originality and colorfulness of the design. As a result, posters were at a premium during most of the six-week campaign period. Buttons and tent cards, however, are still available in a limited supply in the Office of Clinical Center Communications, building 10, room 1C255. □

Question of the Month:

Did you ever have the measles, and if so, how many?

Needle Sticks Pose Threat at CC

By Colleen Henrichsen

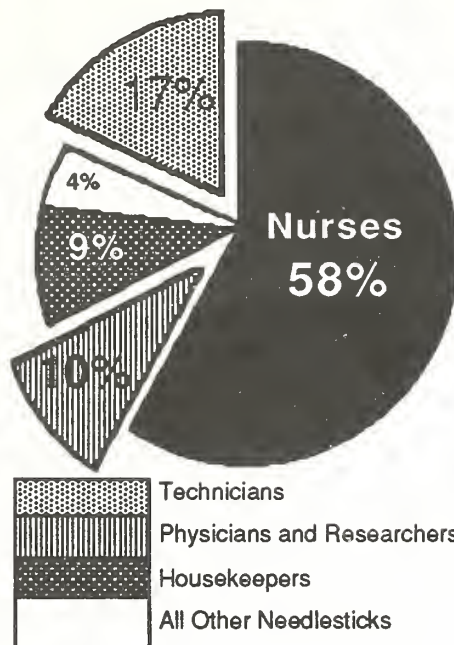
More than 2,000 American health-care workers stick themselves with contaminated needles daily, often after injecting or drawing blood from patients. Needle stick injuries and puncture wounds account for one-third of the work-related accidents in hospitals each year.

In an effort to reduce the incidence of needle stick accidents at the Clinical Center, the Hospital Epidemiology Service (HES) and the Occupational Medical Service (OMS) have launched a campaign to inform hospital workers how to avoid needle stick injuries, and what to do if they occur.

A booklet describing safe needle and sharp instrument handling has been produced as a part of this campaign and is available from HES and OMS. The publication includes instructions on how to avoid needle stick injuries, such as proper intravenous (IV) line manipulation and proper needle disposal and transport. It also outlines the risks of infection caused by such accidents and ways to decrease the risk.

A study conducted at the CC from 1980 to 1985 showed that there were almost 800 reported needle stick injuries or puncture wounds during that time.

The highest incidence of injuries -- 58 percent -- occurred among nurses. Technicians followed as the next highest



risk group with 17 percent of the reported injuries. Physicians and researchers reported 10 percent of the puncture wounds. They were followed by housekeepers who sustained nine percent of the injuries, usually from trash handling.

Of injuries among nurses, 68 percent involved sticks with used needles, including manipulation of IV lines, recapping needles and improperly transferring or discarding needles.

Most incidents among technicians happened while clearing procedure sites

or handling disposal containers. The frequency of high risk exposures -- those exposed to the hepatitis virus -- was highest among physicians and technicians. However, none of those with high risk injuries who were available for testing six months later was infected.

There were 25 injuries from misuse of plastic disposal buckets, including overfilling or shaking full, open buckets.

Hepatitis B and non A-non B hepatitis pose the greatest risk of puncture wounds. Without the hepatitis B vaccine, there is a six percent chance of contracting one of these diseases from an infected patient if stuck with a contaminated needle. There is no cure or drug treatment for either form of hepatitis, each of which can lead to more serious forms of liver disease. There is a safe and effective vaccine that provides immunity to hepatitis B infection. The vaccine is available from OMS.

Since HIV, the virus that causes AIDS, can be spread by exposure to blood and blood products, it is also a risk associated with needle stick accidents. However, current studies estimate the risk of HIV transmission from AIDS patients to hospital workers to be less than one percent.

To receive copies of the booklet or for further information, contact HES at 496-2209, or OMS at 496-4411. □

Flu Vaccine Available

Influenza season is here. Now is the time to consider vaccination to minimize the spread of influenza among Clinical Center patients and staff.

The Centers for Disease Control recommends that all medical personnel be immunized yearly. Influenza can be spread in health care facilities, both from patients to staff and from staff to patients. Because many hospital employees could be absent from work during an influenza epidemic, which could seriously affect the ability to provide quality patient care, all CC employees (both professional staff and support personnel) are encouraged to be immunized against influenza.

The new vaccine provides better protection and is associated with fewer side effects than earlier vaccines.

The Occupational Medical Service is conducting walk-in clinics for administration of the influenza vaccine on Tuesdays and Thursdays through December 17. The hours are: Tuesdays, 8 to 10:30 a.m.; Thursdays, 1 to 3:30 p.m., and 6 to 11:30 p.m.

For questions about influenza or the vaccine, call the Hospital Epidemiology Service at 496-2209, or the Occupational Medical Service at 496-4411. □

- reported by the Hospital Epidemiology Service

All-Day AIDS Seminar Features Caregivers

The Clinical Center Educational Services Office is sponsoring an all-day seminar on Challenges and Opportunities for Caregivers of People with AIDS. The agenda features presentations by professional caregivers and will be held in Wilson Hall in building 1 on Wed., Dec. 2, from 11 a.m. to 5 p.m. There will also be a panel of people with AIDS who will respond to questions. All NIH employees are invited to attend. Reservations are being accepted for a limited number of spaces. Call 496-1618.



Employees Seek Advice On Reporters and Parking

Dear Till:

A patient on my unit was very upset recently because he was called by a newspaper reporter. Apparently the patient was wanted by the police for a major crime. How did the reporter find out he was here? What should I have done?

Concerned R.N.

Dear Concerned:

Good newspaper reporters follow the police beat. That's how they do their jobs of reporting the news to their readers. Often those who commit a crime or become involved with the police as a victim lose their right to privacy. A lot of police work is considered "public property." Hospitals don't alert the media about patients, but the media have ways of tracking people down through police records and the like. Patients who receive calls from the media while in the hospital can choose to accept the calls or not. As for the CC -- a letter about such calls is given to patients at the admitting desk; the topic is addressed in the upcoming patient information handbook; there are release of information policies that are very carefully followed by CC employees; and there are ongoing efforts by many people at the CC to protect patient privacy and confidentiality. For instance, information about a patient's diagnosis is not released without the patient's consent. This issue of *News* features a cover story on patient confidentiality.

Dear Till:

Can something be done about the NIH parking situation? Do people in high places see this as a problem? I suggest that parking lots 20A and 10K be joined by paving over the grassy area between them. What do your sources say?

All Parked Up

Dear Parked Up:

There are 14,000 employees at NIH. Add visitors, patients, contractors and others and we have 20,000 people on campus just about every day. There are 8,664 parking spaces available. That's a parking ratio of about half a space for each person. The parking system is being reviewed. It's already known that some abuse of parking privileges exists. Any proposal to add to the number of parking spaces has to be approved by GSA. It may be somewhat comforting to know how other government employees fare in the parking arena. The usual parking ratio is 1 to 18; that's one space for every 18 employees. The Justice Department, for instance, has one space for every 45 employees. The NIH parking situation is reviewed quarterly. Recently, spaces were added in front of Building 31C; and an additional 64 spaces were added to lot 41B. Building new garages or paving over green space must be approved by GSA. On the bright side, we have metro rail and buses, Montgomery County Ride-On and every type of car and van pooling possible. It's apparent that "people in high places" are sensitive to the parking issues and problems, and that they're doing everything they can. There are plenty of alternatives to driving to work alone - take the bus or the train; car pool; ride a bike; walk; or have someone drop you off.



Till Then is a regular feature of Clinical Center News. If you have a question about personal or work relationships, your job, or the Clinical Center, write to Till at 10/1C255. Questions will be answered as space permits.

News Briefs

Entrances and exits in building 10A have been closed because of construction, according to Ricardo Rodriguez, project officer, NIH Division of Engineering Services. Stairwell nine of D wing south to the first floor of building A will remain open. Renovation of building 10A for an animal holding facility is expected to be completed in March 1989, Rodriguez says.

Friends of the Clinical Center will elect new officers Dec. 15. NIH employees are encouraged to nominate themselves or someone they know. Nominations for the FOCC board can be made by contacting Jack Patterson, building 31, room 2C19, 496-6621. FOCC is a private, non-profit organization that responds to requests relating to the comfort or well-being of Clinical Center patients or their families. For more information about the FOCC, contact Irene Haske at 496-2563, or Dr. Daniel Cowell at 496-3515.

The Recreation & Welfare Association would like to remind members that it's time to renew memberships. All R&W cards will expire at the end of December. For December and January renewals, all members will receive a gift bag, but the first 2,500 also will get a Farmers Almanac. Another incentive to join early is that memberships purchased before Feb. 1 will be \$3.50. Afterward, the cost will be \$5.00.

Alert! R&W has found a money tree on the NIH campus. Look in their newsletter for details.

-reported by Holly Lebowitz

Clinical Center employees still have time to give to the Combined Federal Campaign. If last year's contribution of \$38,000 is any indication, this year's goal of \$36,000 is attainable, according to Ray Becich, chief executive officer, CC. This year's CFC theme is "Remember, someone out there needs someone like you."

Artist Paints From Heart

By Diane Price

Thirty years ago, Klara Rozner and her young son escaped from Poland and traveled to the safety of the United States. Since then, both have worked hard in their new homeland.

But Klara Rozner, now retired, is contributing more than just a strong work ethic to America. The small, gentle, white-haired woman is giving a gift from the heart through a talent discovered only six years ago -- oil painting. Several of her paintings were displayed recently in the Clinical Center's gallery.

"I paint from my feelings. Ever since I was a child I have been sensitive to nature," she says. "I love the sun, the trees, . . ."

Her paintings reflect that love of the outdoors. But the dark, rich colors she uses show a strength of character that comes from living through World War II. During that period, she lost her husband, father, mother and other family members.

Rozner studies under prominent art teacher Daniel Mistrik, whom she modestly credits for her success. Her first instructor was Terry Rodgers, also a



Rozner: "I paint from my feelings."

well-known artist. Since she has been painting, she has completed about 20 paintings. She admits that each one has been a long, slow process. Her work has been displayed in juried art shows at the Potomac Art League in Mazza Gallerie and in the Strathmore Civic Center.

Rozner's paintings passed the high standards of CC's gallery after Turid Knutsen told the gallery's coordinator about "a friend who does beautiful paintings." Knutsen, a NCI cytogenetic technologist, is a former neighbor of Rozner.

"She's a very interesting and talented person," Knutsen says.

Those who have met Rozner can only agree. ☐ -reported by Helen Orem

Holiday Show Offers Affordable Prices

By Carla R. Garnett

Beginning on Dec. 1, the CC Galleries will display a special holiday show featuring a variety of pieces from more than twenty Washington Metropolitan area artists.

For the first time since its establishment in May 1986, the galleries will use all five exhibition walls to host one cohesive show. Gallery I will kick off the first week of the art extravaganza. The remaining galleries present their part of the show alternately in the following weeks. By offering mainly prints, the holiday show promises affordable art in time for the gift-giving season.

In addition to expanding the selection of the galleries, this show will also introduce the work of many artists scheduled to be featured in upcoming 1988 shows. Oil paintings, watercolors,

handmade paper, as well as limited edition prints by artists new to the CC galleries, will be available for purchase.

Some artists familiar to CC, such as popular watercolorists Ray Ewing and Michele Tremaine, will also contribute their most recent pieces to the show. The holiday show concludes on Jan. 5. ☐

Thanks a million . . .

Floride Canter, Red Cross Volunteer, for working above and beyond the call of duty to get one very special painting delivered to one very special CC patient . . . in Mexico. Canter's effort proves that volunteers go that extra mile (in this case 3000 miles).

Now Showing...

Gallery I

Through Dec. 1
Watercolors by
Gina Clapp

Gallery II

Through Dec. 8
Watercolors by
Agnes Hahn Brodie

Gallery III

Through Dec. 15
Photography by
Warren Krupshaw

Gallery IV

Through Dec. 8
Prints by
Elizabeth Ayers

Watercolorist Shares Thoughts, Inspiration

By Carla R. Garnett

Although the art work chosen for CC Galleries must meet stringent criteria before display space is granted, the artists are virtually free to create from any subject matter.

Of course, the artists know that the Clinical Center is a hospital with many critically ill patients. It is not surprising then, that messages of self-discovery, appreciation of life, and spiritual healing, inspire the painter to express deep personal feelings in work presented here.

Watercolorist Gina Clapp writes of her recent paintings, "The literal concept of a garden -- a place of beauty and of rest for the spirit . . . The sum total of these paintings is my private garden, a place in which others may live and think. Deliberately, this garden reflects none of the pain of life. Human beings are well enough acquainted with misery and generally benefit from a respite -- in a garden devoted to rest and thought." Clapp's CC collection occupies Gallery I, located along the main corridor on the first floor. ☐

For information on presenting a show in the Galleries, contact Helen Orem at 496-8113. Artwork may be purchased by contacting the R & W Association, Room B1C06, 9 a.m. to 3:30 p.m., 496-1262. Twenty percent of the proceeds of sales are donated to the Patient Emergency

Patient Confidentiality: CC Under Scrutiny

By Diane Price

A disbarred attorney and AIDS have Clinical Center workers asking: Where do we stand?

Shock waves rocked the NIH reservation when administrators and employees opened *The Washington Post* on July 25, 1986, to find confidential information from a Clinical Center patient's medical chart splattered in headlines.

Although the Jack Anderson/ Dale Van Atta column appeared on the newspaper's comic page, NIH officials weren't laughing. Somehow a reporter had broken through the hospital's trusted line of defense and exposed the privacy of patient Roy Cohn. The columnists revealed the disbarred lawyer's diagnosis of AIDS -- a diagnosis he repeatedly had denied.

"There are unavoidable risks to the confidentiality of medical records in any hospital, whether or not the patient is a person of interest to the media (PIM) or VIP (very important person), says Daniel Cowell, M.D., CC's associate director for medical education and quality assurance.

Still, privacy and confidentiality remain major concerns, he says. Over the past year and a half, two incidents have brought the issues into focus at NIH: the Cohn case and AIDS, whose growth has brought increasing discrimination against its patients.

The Cohn incident is a glaring, blatant breach of confidentiality and privacy, Cowell notes. Nothing like it had happened before at the CC. But it brought home a strong point: when dealing with people of fame and notoriety, the hospital may not be able to defend itself against those who aggressively pursue medical records at any cost. "If you're out to beat the system, you can do it. You can do it here, and you can do it elsewhere," Cowell says.

Could such a breach occur again? CC officials are forthright in their answers. They point out that NIH's hospital is a federal facility with a focus on research. Although they do their best to ensure



The hospital's medical information system:
A NIH employee allegedly used the computer system to reveal confidential patient information to a reporter.

patient privacy and confidentiality, VIPs and PIMs should seek care at a private hospital if they want total anonymity.

"NIH is not a hospital with VIP suites," says Jerry King, chief of Medical Records. "We are a research hospital based upon a free exchange of information."

The only information released by the CC without patient authorization is whether a person is (or was) a patient at the CC and the patient's general condition (e.g., good, fair, serious or critical). Every CC official interviewed says that she or he would not lie or try to hide that basic information.

Inside help: The greatest risk of a breach of confidentiality may not come from a reporter or other outside source. Investigators indicate that the information on Cohn could not have been obtained by reporters without help from a NIH employee.

The staff member was never identified despite an intensive investigation that involved interviews with 51 CC employees. Further investigation revealed that the confidential information about the attor-

ney was printed from CC's hospital-wide computerized medical information system (MIS).

To access the MIS, an individualized sign-on code is required. According to CC officials, the code is the legal equivalent of a signature.

Between 1,300 and 1,500 CC employees had personal sign-on codes to the MIS when information about Cohn was obtained, according to a report from NIH's Division of Management Survey and Review. Included were doctors, nurses, medical students, medical records staff, respiratory therapists and MIS staff. Investigators found that the data could have come from approximately 210 computer terminals and 90 printers located throughout the CC.

At the time of the Cohn incident, a person's entry into the computer was recorded only if she or he *added* data. Tom Lewis, M.D., CC's associate director for Information Systems, says that changes have been made so that the user's code, the date and the time are recorded *whether or not information is added* to the MIS. In addition, the type of information that the person looks at or prints out is recorded.

Another important safeguard is that health-care workers cannot access MIS medical records by telephone or personal computers from home, Lewis says.

Despite potential abuse of the computer system, health-care staff at this and other hospitals agree that its benefits far outweigh its disadvantages -- especially in an emergency when calling up information quickly can be lifesaving.

Devastating results: Public figures, such as celebrities and politicians, are open to scrutiny not given the ordinary citizen. Although well-known figures have an increased risk of losing privacy, people at every level have a right to confidentiality concerning their medical health, several CC administrators point out. In an

era dubbed "the information age," the consequences of a breach in patient confidentiality can be devastating, authorities say.

"Anybody at any level would agree that confidentiality is important," says Christine Grady, R.N., chairperson of a



Grady

15-member grass-roots committee known as the Confidentiality Education Group (CEG). "It's our responsibility to see that it's maintained. But there are times when people don't

think."

A piece of paper in a conference room or conversation in an elevator revealing a patient's name and diagnosis may seem relatively benign. Yet, such information in the hands of a newspaper reporter, employer or insurance company can have long-lasting effects, such as the loss of a job or benefits, says Grady, a NIAID clinical nurse specialist.

Joan Jacob, R.N., nurse specialist (research), NCI Medicine Branch, agrees. She points out the consequences AIDS has had on some NIH patients. "Many of them have lost their jobs," she says.

Cowell further emphasizes, "Medical information that falls into the wrong hands can be extremely damaging if used for ulterior purposes."

Grady says that another consideration in breaching patient confidentiality is loss of trust between patient and physician.

Alison Wichman, M.D., acting chief of CC's Bioethics Program, describes the importance of that trust: "Patient confidentiality is the understood rule between physician and patient; it is the foundation upon which their relationship is established."

Expectations: A University of Arizona Health Sciences Center study published in JAMA (Journal of the American Medical Association) points out that all patients, house staff (doctors) and medical students questioned expect physicians to discuss patients' cases on an informal basis for second opinions. But further questioning shows that patients expect a more-rigorous standard of confidentiality than actually exists. For example, 75 percent of medical students and 90

percent of house staff admit to discussing interesting cases at large meetings. In contrast, only 51 percent of patients expect this to take place.

Further analysis of the study reveals that in non-medical settings, small numbers of patients expect their cases to be shared with physicians' spouses (17 percent) or at parties (18 percent). However, house staff and medical students say that such talk is a common occurrence (57 percent and 70 percent, respectively).

(Results of a recent questionnaire about knowledge, attitudes and practices of CC medical and nursing personnel concerning patient privacy will run in a future issue of *CC News*.)

Wichman says that because NIH is a research, consult-oriented facility, patients are aware that their cases will be discussed with other health-care workers. "But educating young physicians on confidentiality is crucial because NIH is a research institution," she says. "We have the responsibility to make sure everyone knows the ground rules early."

King says that discussions about patients in public areas at the CC is a particular problem because of the uniqueness of

the institution as a research facility. "The mission of NIH encourages people to freely share information," he says. "You can't conduct research without doing that. On the other hand, you have to be careful where you share that information."

Lack of space is a well-known problem at the CC, says King, who serves on the CEG committee. But an easy solution to discussion of patient information might be away from public earshot, such as a laboratory, he suggests.

Jacob, also a CEG member, is acutely aware of CC's space limitations, especially in her work with patients who have AIDS. "We don't have enough space for private offices to interview and assess patients," she says.

At times Jacob has overheard sensitive questions asked in a clinic waiting room filled with patients. "We have a responsibility to protect a patient's privacy," she says. "We're asking many patients in great detail about their intimacies. That is such a very private part of

our lives that must be protected, certainly given the possible consequences."

Yet, space limitations can't be blamed for all the breaches in patient privacy and confidentiality. King admits that laboratory reports and other selected patient information containing names and diagnoses have been found in conference rooms, restrooms, amphitheaters and duplication rooms at the CC. To curb such incidents requires the increased awareness of health-care workers and support staff, he says.

Grady acknowledges that although the CC has its faults concerning patient confidentiality, the center is probably no worse than other hospital settings. "The one thing that makes it substantially different is the research aspect," she notes. "There is a lot of sharing of information because data is collected for research purposes. However, most people are aware that the sharing has to be done so that the individual patient isn't recognized."

Lewis recalls the traditional joke

about hospitals and confidentiality: "Some say that anyone can put on a white coat, walk onto a nursing unit and look at a record," he says. "Our hospital, in general, is quite careful about things like

'We have a responsibility to protect a patient's privacy. We're asking many patients in great detail about their intimacies.'

Joan Jacob,
nurse specialist (research)

that. But I don't want anyone to consider us absolutely foolproof. Our major defense is the conscientiousness and training of all the staff in the hospital."

Jeopardy of care: For medical professionals, consequences of a breach in patient confidentiality can run deep. Loss of patient trust could lead to an increasing reluctance to divulge sensitive information that might be pertinent to health care. Most physicians agree that this could jeopardize the quality of care a patient receives.

But beyond ethical obligations lingers another factor. Legally, unauthorized disclosure of a patient's medical record constitutes an invasion of privacy and breach of contract between physician and patient. The Privacy Act, passed by Congress in 1974, prohibits disclosure of any personal information about a living person without written consent from the person except under certain circumstances. A NIH employee who releases such information can be found guilty of a

misdeemeanor and fined up to \$5,000. Additionally, as a memorandum from NIH Director Dr. James Wyngaarden emphasizes, the involved employee could be fired.

The Privacy Act applies only to living patients. After death, a law known as the Freedom of Information Act may require disclosure of deceased patients' records upon request unless that information would be an unwarranted invasion of privacy of family members.

Lewis points out that most leaks of confidential information at the CC are inadvertent with no ill or criminal intent.



Lewis

But, he says, outsiders may have ulterior motives for obtaining patient information. "People seeking information about others' health is as inevitable as

taxes. It's just going to happen."

Unfortunately, outside people who try to trap CC employees into giving them information have no guilt feelings, Lewis says. "They feel that what they are doing is right."

Safety Net: Employees may become depressed or devastated after being tricked or trapped into divulging information that may hurt a patient, he says. If an employee is being pressured to supply copies of confidential information, the new MIS safeguard of recording the date, time and name of those entering the computer system can be given as a reason not to provide the information. "Our monitoring system helps staff to help themselves to resist pressures that are inevitable," he says. "An employee can say, 'Look, everything I do on the computer is monitored. Even if I violated the standards of the Clinical Center and gave you this information, they would catch me. And if they catch me, you can be sure that I am going to turn you in also.'"

Cowell is directing efforts to implement recommendations by CC's Persons of Interest to the Media Committee to prevent future breaches of confidentiality and privacy. "We are stressing the need for privacy and confidentiality at every new employee orientation," he says. Under development is a legally-binding, non-disclosure agreement that all staff members will sign before being granted access to

confidential material. Other actions will include reminders through memorandums and posters.

The reality is that such education can never stop, members from the PIMs Committee and CEG agree.

"Confidentiality is never a battle that is won once and for all," Cowell says. "It's a struggle we have to remain aware of and be involved in constantly. The patient will respect that."

Other possible solutions to maintain patient privacy include safeguarding of medical records through spot auditing. A common problem at the CC is missing or delinquent records, Cowell says. Although the charts are usually found in doctors' offices, such laxity can lead to breaches in patient confidentiality, he notes.

Meanwhile, the question persists. Could a situation similar to the Cohn case occur again? Wichman notes that journalistic ethics are not as well-established as biomedical ethics. "The functioning dictum of journalism is to publish information that you can get if it's true," she says.

Columnists Anderson and Van Atta did not return phone calls on that issue. □

Your Role . . .

The Clinical Center Confidentiality Education Group has listed the following activities that pose a threat to patient confidentiality:

■ Discussions concerning patients in elevators, cafeterias or other areas where eavesdropping is likely to occur.

■ Posting names, diagnoses or treatment plans in public areas such as clinic reception desks.

■ Misdirecting or misappropriating patient records.

■ Copying or releasing information from patient charts. The Privacy Act establishes heavy fines for the improper disclosure of sensitive personal information. Administrative action may include dismissal.

■ Misusing resources provided by the MIS (medical information system) or other patient data bases. Dispose of printouts properly. Protect your sign-on code. Be alert for unauthorized or unknown people near MIS terminals and printers.



Santa Claus visits the Clinical Center

Ms. Claus and Santa Claus came to the Clinical Center recently to see who's been naughty and who's been nice. Although the results are pending, rumor has it that the couple will return this month for a re-evaluation. That has given hope to many around the CC who fear an empty stocking this year. Thanks to Sandy Hess and Mary Ann Russell, Radiology Department, for tipping CC News of the couple's arrival.



Photo by Bill Branson - MAPB

Of Frogs and Men: Dr. Michael Zasloff holds an African clawed frog whose skin is the source of a powerful new antibiotic.

Long hours, hard work, open mind pays off

Breakthrough Proves Skeptics Wrong

By Diane Price

Dr. Michael Zasloff could have lived out his life with the derision of fellow scientists if his experiment with the African clawed frog had failed.

Instead, the 41-year-old NIH scientist has the respect of researchers and has caught the imagination of the media and general public.

"Scientists are by and large skeptical, and they have good reason to be," says Zasloff, whose office and laboratory are in the Clinical Center. "In this case skepticism was perhaps well founded."

What he has done is discover magainins, a powerful antibiotic in the glands of the African clawed frog's skin. The drug promises to create a new fighting line against resistant organisms.

"It will not replace highly effective antibiotics at the present time," says Zasloff, chief of the human genetics branch, NICHD. "If they are used as antibiotics, they will be used where we have no treatment."

Speculation on exactly how magainins will be used or their long-range implications is premature, he says. But research is being done to stimulate a similar natural defense system in humans. In addition, several groups at NIH are studying the use of magainins against AIDS and other viruses.

Marketing magainins may be five to

ten years away, the scientist speculates. But Zasloff, his scientists and Dr. Florence Haseltine, director of NICHD's center for population research, have already synthesized magainins. That means the African clawed frogs in Zasloff's laboratory can take a rest. "We haven't removed skin from a frog in six months," says Zasloff, a pediatrician with a Ph.D. in biochemistry.

After further study, Zasloff plans to use the antibiotic clinically. "We will very carefully direct efforts to the bedside," says the New York University graduate. "But that will happen only with very precise understanding of how magainins operate at a basic science level."

Zasloff's discovery has brought a multitude of publicity from national and international media. Although he has confined interviews to print media, he is pleased that magainins haven't been sold to the public as a wonder drug.

"My faith has been restored in the media," he says. "They have been excited about the science and biology and have not exaggerated what has not been proven."

Zasloff expects the novelty of his discovery to wear off soon. But, the scientist notes, his work and well-documented findings leave no room for skepticism. □

Scientist Finds Frog's Past Less Suspect

By Diane Price

In the murky water of a small laboratory in the Clinical Center swims a 350 million-year-old evolutionary medical wonder -- the African clawed frog.

"They are among the hardest of the frogs," says NICHD scientist Dr. Michael Zasloff, who has discovered a powerful antibiotic in the amphibian's skin.

His finding puts scientific relevance behind folk remedies that have used the frog's healing powers for generations.

"An almost universal folk treatment for burns and surface wounds is tying a live frog, belly down, to the wound," Zasloff says. He believes stress causes the frog to release its self-healing properties onto a person's wound. The practice has been reported in Portugal, Argentina, Africa and the southern United States.

Before his discovery, Zasloff thought of folk remedies as "garbage." Ironically, he has totally changed his opinion.

"I am now going to review folk medicine with a whole different perspective," he says. "And it will probably pay established medical scientists to very carefully re-evaluate some of these practices."

The African clawed frog has been used in research for years because of its ruggedness. Until Zasloff, no one stopped to wonder why the frog didn't develop infection after surgery despite its environment of bacteria-laden water.

The amphibians, originally from southern Africa, now are bred in the United States. Common American frogs, such as bullfrogs and grass frogs, have the same defense system, but not to the degree of their African relative.

After the frogs fulfill their role in Zasloff's Clinical Center laboratory, their ovaries are removed. They are then safely returned to a controlled environment. □



African clawed frog

NIH Scientists Test Vaccine

The Clinical Center is participating in the first AIDS vaccine study conducted in the United States and approved by the Food and Drug Administration, according to NIAID officials.

"From the day the AIDS virus was first recognized, there has been hope of a vaccine," says Thomas Folks, a NIH researcher who helped create the inoculation. Malcolm Martin and Clifford Lane also contributed to the development of the vaccine.

Creating the vaccine has been a natural progression of events, Folks notes. "Biology is slow; you can't rush it. It has taken a long time to get here," says the Ph.D. scientist. "We wish we could predict and use computers to tell us when a protective antibody will appear. But you can't predict it; you just have to do the experiment and be surprised by the answer."

According to Dr. Anthony Fauci, director of NIAID, the study is the first step in determining the safety and effectiveness of a vaccine for general use. "At this stage, we are not attempting to determine whether the vaccine can actually protect people from HIV infection," he says. "If we obtain good results from this study, we will expand our research."

Initially, 60 male homosexuals and three heterosexuals not infected with the AIDS virus will be given the vaccine. Another 18 volunteers will receive a placebo. Once safety, optimum dosage and immunogenicity have been established in that group, a larger number of people will be used in vaccine testing.

Folks is unsure whether the experimental vaccine, which is derived from one strain of the AIDS virus, will protect individuals exposed to AIDS. "We don't even know how many strains of the virus there are," he notes. "It's really important to find out whether this vaccine stimulates an immune response."

"Part of the difficulty in creating an AIDS vaccine is that the virus has the capacity to change its outer coat after introduction into the body," Folks says. Even if a protective response develops against one form of the virus, other forms may develop that can escape the body's immune system. □



Photo by Herb Alvord

More than just another pretty pan: Stan Bristol, EKG technician, presents a tray of his popular lasagna to Diane Koch, 7 East unit clerk.

The Dish with Taste: Mr. Wonderful Lasagna

By Mary Hepburn

When Stan Bristol's mother requested his homemade lasagna, he knew he was on the right track. But before his mother gave her stamp of approval to Mr. Wonderful's lasagna, it was his colleagues in the EKG section who kept asking for more when the annual Christmas party came around.

His freelance business, "Mr. Wonderful" lasagna, started up as more and more friends and colleagues would place an order. And when Stan became serious about the lasagna, co-worker Chris Raphael was quick with a name that stuck.

Stan's job as EKG technician requires him to pay close attention to detail. That attention carries over to his lasagna. "Each year the lasagna has gotten better. I've fine-tuned the recipe," he says.

Naturally, the recipe is secret.

"It's how you put the ingredients together and distribute them," Stan says.

Over the past five years, Stan figures he's made about 75 trays, each 11 x 12 inches. He spends about an hour and a half per tray. He only has three trays, so he keeps track of where they are.

During an average week of lasagna-eating cool weather, Stan can be found at home in his gourmet kitchen a couple of nights. He needs a few days notice for each order.

Just recently, Diane Koch, unit clerk on 7 East, took delivery of one pan of Mr. Wonderful lasagna, ready-to-heat in the microwave or conventional oven. Her plan: freeze it and save for a group of guests.

"I don't cook. This will be readily available," she says. However, her plans went out the window as dinner time approached.

Stan has expanded his repertoire to include a vegetarian lasagna. He tests and eats the lasagna himself. And he still delivers to his mother.

Those people around the Clinical Center who have "experienced the ultimate taste treat" (according to his ad), are pleased that more people are enjoying Stan's lasagna. But his long-time customers don't want the world to know about the tasty dish.

Lasagna lovers can give Stan a call at 496-3050. □

Mock Disaster Befalls CC

The building collapse may have been staged, but the response of the NIH fire and police officers was the real thing during a recent mock disaster at the Clinical Center.

The drill, engineered by Corwin "Bud" Strong and Jim Wilson, both of CC Building Services, was a test of the center's emergency disaster plan.

The "disaster" struck the B1 level of

building 10A, an area slated for demolition due to construction the following day. When the call went out, officials responded quickly despite a non-working elevator, rubble and darkness.

"I have participated in every disaster drill since 1982," says Lawrence Eldridge, associate hospital administrator. "This is the best response I have seen of everyone working together."

Photos by Bill Branson, MAPB



Rescue



To safety



Stabilization and triage



Treatment

Surgical/ Transfusion Addition Under Way at Clinical Center

By Diane Price

A surgical heart/transfusion medicine wing under construction on the west corner of the Clinical Center will provide three additional operating rooms and a new lab, according to Adrian Strong, chief of the Surgical Services Department.

The second floor of the building will include one neurosurgical operating room, two cardiac surgery rooms and a heart catheterization lab. "The wing will be an extension of our present operating room," Strong says.

The new building will be furnished with modern lighting and up-to-date equipment.

Currently, operating rooms are in two different sites, building 10 annex and the main operating room in the hospital. Until recently, the Transfusion Medicine

Department was also in the annex, but it has moved to CC's 5D. Once construction of the new wing is complete, the first floor will house the Transfusion Medicine Department.

The cardiac operating room and catheterization lab have been located in the annex, popularly known as the round building, for 24 years, Strong says. The cardiac operating room recently made an interim move into the hospital's main operating room. The neurosurgical operating room, formerly located in the annex, had already moved to the hospital.

According to Jim Wilson, assistant to the CC building manager, the building will consist of 45,000 square feet. Construction of the wing is expected to be completed October 1988. □



Photo courtesy of NICHD

A Moving Experience

The NICHD Adult Endocrine Unit recently celebrated the remodeling of 10 West. Dr. Richard Sherins, chief of section of reproductive endocrinology, Dr. Lynette Nieman, unit ward chief, Dr. Lynn Loriaux, clinical director, and Loretta Coughlin, deputy chief of the CC Normal Volunteer Office, are sharing the new area. Included in the space are rooms for consultation, conference and testing. Patients on the unit gained two additional rooms.



Jackson

Respected Technologist Georgia Jackson Dies

Georgia Jackson, a medical technologist in the Clinical Pathology Department since 1965, died Aug. 13, 1987, of a stroke while vacationing in Scotland.

Jackson was a supervisor of the Coagulation Section of the Hematology Service for 15 years. She was the recipient of several awards for outstanding performance during her career at NIH. Her professional competence and personal integrity set an example for her co-workers. Jackson was dedicated to achieving the highest quality service for patient care and research.

Her spirit, wisdom and enthusiasm always will be remembered by her co-workers and friends.

Jackson was an enthusiastic supporter of the National Cathedral in Washington, D.C. Contributions to the Georgia Jackson Memorial Fund will go to the building fund of the cathedral. Interested persons should contact Bettye Wages or Natalie Murray at 496-4473.

Big Wheels Needed . . .

The Clinical Center is seeking people who own 4-wheel-drive vehicles to volunteer as drivers during snow emergencies. If interested, please contact the Volunteers' office at 496-2223.

CC Newsmakers

Gerald Macks, management analyst, OD, CC, has been appointed to the Board of Advisors for the Maryland Hospital Association's Center for Nursing. The center was developed in response to the growing demand for hospital nurses in the Maryland area. Because the shortage of qualified nurses has reached unprecedented proportions, the board's first major goal will be to oversee activities designed to channel trainees into the nursing field. Specific objectives of the Center include launching a three-year campaign to provide programs that improve the image of nursing and create more opportunities to recognize the achievements of area nurses.

Three Clinical Center pharmacists, Bob DeChristoforo, Evelyn Farinas, and Tim Ames, have been elected to the offices of president, president-elect and treasurer of the D.C. Society of Hospital Pharmacists (DCSHP). DCSHP, which is the local affiliate of the American Society of Hospital Pharmacists, has 350 members from the Washington metropolitan area. The society's primary goal is to advance public health by promoting the professional interests of pharmacists practicing in hospitals and other organized health-care settings.

- reported by Frank Barletta

Robert Buell, crime prevention specialist, may be new to NIH, but he certainly isn't new to the security or medical arena. He has served as director of a regional medical center, head of security for a convenience store chain and sergeant of patrol investigations with a police department. Buell, who moved to this area from Florida, hopes to help make the campus safe and secure for the people who work and visit NIH. Jim Sweat, chief of the NIH Security Branch, sees Buell as a positive addition to his five other crime prevention specialists. "I think his background and experience will be a much needed asset," he says. "He will help make the NIH security second to none in the federal system."

Joining the ranks

DES Director Learns from Staff

By Carla R. Garnett

Recently, the director of the Division of Engineering Services (DES) donned a brown uniform, joined the ranks of the Clinical Center mechanics, and went to work on the first of many routine "hot" calls in building 10.

Dr. Emmett Barkley, DES director since March, has initiated an unusual approach to management. "It is very important for me to observe the work of our people," says Barkley. "It enables me to learn of their skills on the job, their commitment to the work, and the challenges they face." By experiencing first-hand the responsibilities of his staff, Barkley feels he can gain new insight into his division.

"I've been here through several DES directors," says Kenneth Waddell, Clinical Center maintenance chief and Barkley's supervisor for the day, "but none of them has ever considered doing anything like this."

"I intend to visit and revisit, at the working level, all the divisions under DES to help them excel at their work," says Barkley, whose Doctorate degree in Environmental Health and undergraduate degree in Civil Engineering helped make the transition from director to mechanic smooth.

"This experience will be helpful to me in allocating resources to enhance building operational systems," says Barkley. "It is very important for a leader to learn from his staff," he says.

As a CC mechanic, Barkley and his assigned partner Harry Cepura, full-time CC mechanic, responded primarily to environment temperature control calls, also known as "hot" calls.

"Basically, when someone calls the

trouble desk and says their air conditioner is not working properly, we call that a hot call," explains Waddell. "Then we send out a mechanic to fix the problem. It's not a particularly unusual complaint during the summer."

The maintenance department handles the design and repairs of most of the temperature control equipment in the Clinical Center. Proper functioning of major fans, air compressors, vacuum pumps, water and steam distributors, and other biomedical support facilities fall into their area of expertise.

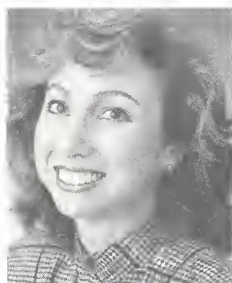
Not surprisingly, attention to problems in these areas requires a well-trained and dedicated staff. "I was amazed at the tremendous work load of the department as well as the diversity of talent necessary to meet the seemingly never-ending calls for assistance," says Barkley. "I learned that we have a quality staff, but we need additional personnel. We're very fortunate to have skilled mechanics who take their work seriously and genuinely believe that the highest priority is to assure patient needs are met." □



A man with a plan:

"I intend to visit and revisit at the working level. . ."

CC Celebrates Role Of Patient Educators



Patient Education Perspectives

Wendy Schubert

Periodically, I will be bringing you news about what's going on in patient education in the Clinical Center. Notices of new publications or programs will be part of this column.

The latest event that took place was "National Patient Education Week." The purpose of this program was to recognize the efforts of NIH's hospital and institutes staff who contribute to patient's health through education. Exhibits, displays and refreshments were part of the presentation.

This was the first year the Clinical Center sponsored National Patient Education Week, and it was quite a success. Eight CC departments as well as five institutes contributed time and effort to help make the celebration worthwhile. People who stopped by to see the exhibits were shown how patient education helps CC patients cope with their disease, therapy and home care. Videotapes, slide-tape programs and publications showed how staff handled the educational needs of their patients. Also available were booklets distributed by the institutes to the general public.

Spurred on by the success of this year's National Patient Education Week, I will be seeking your help in planning future celebrations of patient education. If you have any ideas about directions for National Patient Education Week, please share them with me.

Wendy Schubert is a public affairs specialist in the Office of Clinical Center Communications. She can be reached at 496-2563, or in building 10, room 1C/255.



Photo by Emie Branson, MAPB

Stopping to Learn

A Clinical Center staff member stops by the Surgical Services Department exhibit during National Patient Education Week. The table has instruments that could be used during a minor surgical operation.

Conferences Offer Credit, Learning

The 1987-1988 series of Combined Clinical Staff Conferences will be held from 3:30 - 5 p.m. over the next several months in the Lipsett Auditorium. All patient care and biomedical research personnel as well as medical students are invited. This activity has been designated as suitable for one and a half credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Listed are the dates, speaker and title of each lecture:

■ Dec. 2, 1987. *Recent Developments in the Pathogenesis and Treatment of Hepatic Encephalopathy.* Anthony Jones, M.D., chief, Liver Diseases Section, NIDDK

■ Jan. 6, 1988. *Somatostatin as a Therapeutic Agent.* Phillip Gorden, M.D., director, NIDDK

■ Feb. 3, 1988. *Physical and Emotional Stress: Their Relationship to the Pathophysiology of Depression and Anorexia Nervosa.* Philip Gold, M.D., chief, section on Clinical Neuroendocrinology, NIMH

■ March 2, 1988. *Glucocorticoid Hormones: An Update.* George Chrousos, M.D., senior investigator, NICHD

■ April 6, 1988. *Polymyositis and Dermatomyositis.* Paul Plotz, M.D., chief, Connective Tissue Diseases Section, NIAMS

■ June 1, 1988. *Current Approaches in the Development and Evaluation of a Vaccine for HIV Infection.* Anthony Fauci, M.D., director, NIAID

For more information, call 496-2563.

NIH School Unique Challenge for Teachers

By Carla R. Garnett

On the inside, it looks like any other schoolroom, maybe a bit smaller. There are, of course, desks with chairs, games and puzzles. A blackboard along the wall displays chalked-on samples of letter perfect handwriting. There are windows for daydreaming on sunny days, or for watching winter wonderlands. Colorful decorations depict typical school days' scenes found in classrooms all over the world.

School Within A Hospital: There is one clue, however, that serves as a small reminder of the hospital that surrounds the NIH school. On the table, serving benignly as a pencil and crayon holder, is a small, hot dog-shaped bowl. Though many may not know its official name, most know its official use. The bowl, or emesis basin, definitely looks much better filled with crayons.

At 10 o'clock on a Thursday morning, the school is nearly empty. A teacher and child are engrossed in an animated discussion on the perils of algebra. "I think you may need a little more work on problems like these," says the teacher, as she rises to search for another algebra text in book-laden cabinets overhead.

Every kind of text imaginable, from geometry to geography, suggests the necessary flexibility of the instructors. "Nancy may have to switch from English to history in a twenty-minute period," says MaryPat Jones, secondary mathematics and science teacher, gesturing towards her colleague. The unpredictable schedules of sick children is only one difference in teaching at a hospital school. The one-to-one relationship that can develop between teacher and student is another.

Personal Attention Essential: "Some of the students here make faster progress than their peers at regular school because of the personal attention teachers can give when there are only a few children in the class," Jones admits. On a typical day at the school, there may be five pupils in attendance. "Because the students are in different age and grade levels," explains Helen Mays, director of the school, "personal attention is essential."

The school enrolls about 400 students annually. Although many come to the classroom, many more are taught at the bedside. On this Thursday, several

pupils are missing because they did not feel well enough to come.

Students Keep Pace: Every attempt is made by the school's staff to keep the student on level with her or his own school at home. "We keep the children working in their own textbooks and assignments so that when they return to home base, they can easily handle the same work load as their classmates," the director says.

The school, located on the 10th floor of the hospital, is a part of the Montgomery County School System's Home Instruction Office. Six full- or part-time instructors are on staff. There are three teachers instructing on the high school or secondary level -- Nancy Bien, Bernice Clapper, and MaryPat Jones. Ann Davidson and Helen Mays instruct on the elementary level and Chris Leibner teaches special education. Special programs are also offered in English Spoken as a Second Language, and preparation for the G.E.D. exam.

The unique, one-to-one atmosphere of the hospital school affects the instructors as well as the patient-pupils. Regular schoolteachers are often curious, wanting

to know if teaching is a lot different in a hospital. "We must be more flexible in terms of scheduling and adaptive in our teaching strategies in order to accommodate a physical limitation," Mays says. "We need to quickly assess curricula from various parts of the country as well as familiarize ourselves with the level of the student's competence."

The NIH school is unique in itself because of the research studies being conducted here. "Sometimes we, as teachers, are asked to participate in the interdisciplinary sessions," Mays says. "Teachers can offer certain insights that can sometimes be helpful to the team."

The NIH school, in some ways, is also an escape from the hospital for its students. "We don't have to poke and prod the children with needles and things like the patient caretakers do," Jones observes. "Here is the one place in the hospital where children can just be children," she says.

"If we can present any kind of normalcy to their lives," Mays agrees, "then we have achieved a goal. And in a regular school, that's not even an objective." □

NIH Schoolroom

School Director Helen Mays helps student with elementary reading assignment while secondary school-teacher Nancy Bien and patient Jeremy Gilkerson work on an English lesson. Having two different age and grade levels in the school at the same time is the rule rather than the exception.



Photo by Bill Branson-MAPB

CC News Salutes the 1987 Clinical Center Award Winners

A

Marlene Adore
Sue Agent
Janet Amass
Thomas Andersen
Ellen Areman
Linda Arnett
Barbara Arnold

B

Barbara Baird
Sylvia Bajic
Diane Baker
Patricia Bell
Carol Benson
Patricia Bernhardt
Cheryl Blumberg
Anne Bowles
Priscilla Boykin
Bill Bryant
Joan Budurka
Serena Butler
Linda Butterworth
Gwendolyn Byrd

EEO Special Achievement Award



Patricia Bell

C

Jan Callaway
Madeleine Catravas
Ruth Chesler
Dorothy Cirelli
Kenneth Coates
Purnell Cofield
Donald Collier
Mary Cornelius
Cynthia Crews

D

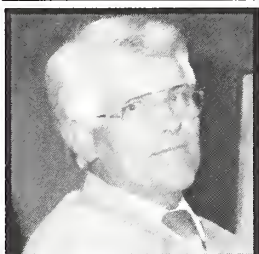
Doreen Dalessandro
Evelyn David
Robert DeChristoforo

John Decker
Mary Rose Diverniero
Suzanne Dolan

F

Barbara Fahey
Lucian Falconer
Joanne Feldman
Mark Feldman
Margaret Fisher
James Foster
Linda Fowler
John Franco
Ruth Fritz
Kim Frye

Outstanding Contribution to Maintenance Services



Lucian Falconer

G

Lynn Gerber
Lori Gianetta
Joann Gibson
Vee J. Gill
Erleen Gillis
Janice Glickman
Brigitte Gobeil
Cynthia Godwin
Shirley Gregg

H

Diane Hall
Kris Hansmann
Sandra Hazel
Colleen Henrichsen
Eugenia Hershaft
Cida Hessing
Gequetta Hicks
Bessie Hines
Carol Holder
Nya Holland
Cynthia Howard
Susan Huntley

I

Barbara Isom

J

Lisa James
Paul Jarosinski
Eileen Jordan

K

Nancy Kelly
Andrea Kelso
Alice King
Cecily Kodis
Sylvia Koo
Deloris Koziol
Bernice Kraker
Kathleen Krall
Dennis Krizek
Ronald Kuster

L

Sharon Lawrence
Catherine Lee
Virginia Lee
Margarita Lora
Constance Lowe

M

Roger Mack
Patrick Maloney
Vanessa Martinez
Carolyn Mason
Henry Masur
Mary Maze
Tangela Mazyck
George McCarthy
Jovetta McCormick
Linda McCullagh
Kathryn McKeon
Patrick McMahon
Paula Merryman
Sandra Montgomery
Ralph Moreland
Gary Morrison
Nancy Murray
Frances Myers

N

Irene Naveau
Regina Nealon
Barry Nishikawa

O

Veronica Oates
Maureen O'Connor
Samuel Overton

P

Teresa Peduzzi
Patricia Perentesis
Ellen Polignano
Carol Popp

R

Robert Rabinowitz
Michelle Ragland
Cynthia Ralston
Yvonne Ramsey
Myra Randall
Elizabeth Rathbun
Lynda Ray
Thomas Reed
Teresa Robinette
Saul Rosen
Norma Russell

Clinical Center Director's Award



Tom Reed

S

Joan Sanders
Rassie Saunders
Sandra Schlesinger
Nancy Schultze
Gerane Sever
Roberta Seward
Roxanne Shively
Richard Shoobridge
Mary Shuman
Pamula Simms
Toni Simonis
Fred Smith
Gary Smith
Leonard Smith

Paula Smith
Sharon Smith
Marcia Spain
Ernestine Stanback
Steven Stanhope
Nancy Stanisic
Nancy Stec
Patricia Stein
Annette Stine
Kathleen Stine
Carol Stone
Deborah Stone
Veronica Stover
Judith Sullivan
Judith Swan

T

Florence Todd

U

Maxine Umaru

V

Michael Vail

W

Marilyn Walton
Tracy Wahl
Veronica Washington
William Ward
Annie White
Theodora White
Dean Wiles
Janice Williams
Melba Williams
Ricky Williams
Sylbil Williams
Barbara Wilson
Bernard Winkelman
Ruth Witt

Y

Florence Wolfe

Z

Frances Wood
Margaret Yule
Paul Zimmerman

Firewood for sale

Seasoned oak and maple. \$60 1/2 cord, split and delivered. Bethesda, Kensington, Rockville area. Call Dick, 770-7819, Mon. through Thurs., 6 p.m. - 10 p.m.

Join the NIH Toastmasters!

Whether an administrator, computer programmer or secretary, you can improve your communication skills in a fun and productive way. The Toastmasters meet every Friday at noon in bldg. 31, C wing, room B205. See you there!

For sale: Sears Kenmore Electronic Sewing Machine - has nine decorative, 12 utility stitches. Makes nice button holes. All attachments included. Excellent condition. Five years old. \$225. Call James Pluda, M.D., 496-8398, or page # 104-1673 (talk).

Child care needed . . .

Germantown, near NIH. Desperately seeking a dependable, loving person to provide TLC for my 21-month-old son. Flexible day hours, approximately 30-40 hours/week. References required. If you are that person, call Sharon Kasner at 496-4145.

Smoke Free

And Happy To Be!

For sale: 1983 Camaro. Excellent condition. Approximately 55,000 miles, am-fm stereo cassette, air conditioner, 5-speed, 6 cylinder. Price negotiable. Must sell. Call Jackie at 496-3221 or 831-9105 after 6 p.m. on weekdays and all day on weekends.

Minds are like parachutes. They only function when they are open.

Sir James Dewar
1842-1923

Get out those favorite recipes

Do you have a favorite recipe? How about sharing it with other Clinical Center employees? Just jot down the recipe, along with your name, department and phone number, and mail it to CC News, 10/1C255.

For sale: Refrigerator, 15.3 cubic foot; gas dryer. \$75 each. Please call 294-5320 after 6:30 p.m.

Lasagna : "By Mr. Wonderful"

Try the ultimate taste treat! Birthdays, Parties, Special Occasions - "Mr. Wonderful" prepares great lasagna! \$25 and up. Call Stan at 496-3050.

Reminder: The R&W Chamber Orchestra is holding rehearsals every Tuesday at 8 p.m. in the Masur Auditorium. Call Dr. John Wolff at 496-7070 for further information.

Needed: Assistant editor. Secretary. In editorial office of medical journal. Flexible hours. Full or part-time. Convenient Bethesda location. Salary commensurate with experience and skills. Call Dr. Arthur Nienhuis at 530-7725.

For sale: 1983 Cougar driven rarely during last year. Chocolate brown with tan interior. Includes air conditioning, electric windows, new tires, power brakes, power locks, stereo cassette. Will sell for \$3,400 or best offer. Call Arlene at 496-5483 or 598-7148.

Remember the CFC 352 for Friends of the Clinical Center!



Merry Christmas
and
Happy New Year
from
the Office of Clinical
Center Communications

A Chance To Learn . . .

The Clinical Chemistry Service has begun their 1987/1988 technical education program. Topics from a wide range of medically related disciplines will be presented throughout the year. Everyone is welcome to attend. Please plan to join us Wednesday afternoons from 2-3 p.m. in the Clinical Pathology conference room, 2C310. For more information on topics and speakers, contact Pat Bernhardt at 496-3386.

RenewRenewRenewRenewRenewRenew

Don't forget to renew your R&W membership. Expiration of all cards is the end of December.

Free Little Ads

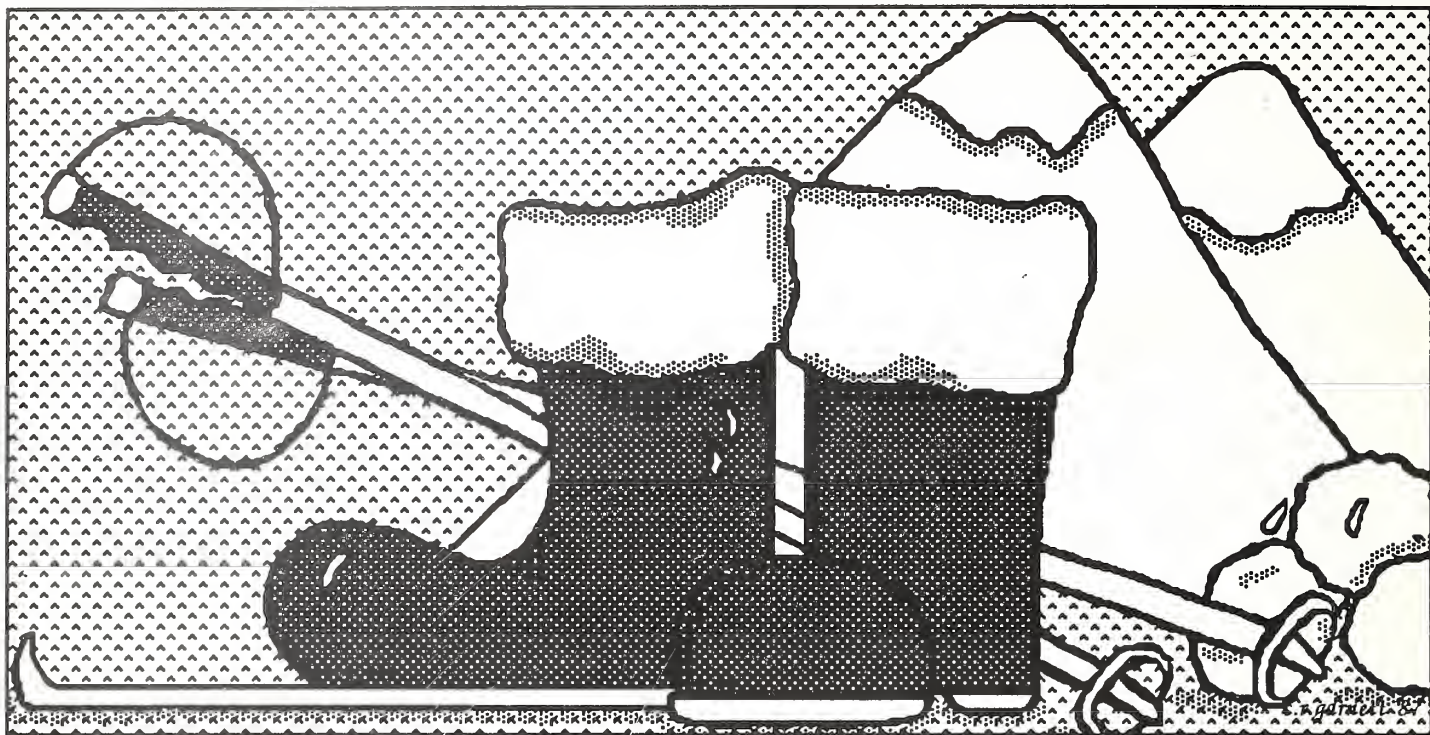
Clinical Center News offers free ads as a service to CC staff. Submissions can be made before the third Monday of each month to Classified, CC News, 10/1C255. Please include your name and phone number so that we can verify your ad.

December Safety Tip!

Crime Prevention:
It's No Laughing Matter
NIH Security Branch



Leaving possessions in plain view in an unattended car is an invitation to thievery. Put them in the trunk, lock all doors and take the keys.



Calendar of Events

Dec. 1, 3, 8, 10, 15, 17 Walk-in Clinics. Administration of the influenza vaccine. Tuesdays, 8 - 10:30 a.m.
Thursdays, 1 - 3:30 p.m., 6 - 11:30 p.m. Occupational Medical Service, 6th floor clinic, 496-4411.

Dec. 2 Book Fair. Sponsored by NIH preschool developmental program. Building 35, Cafeteria. 11 a.m. - 3 p.m.

Dec. 2 Grand Rounds. *Precocious Puberty: Recent Therapeutic Advances*. Gordon Cutler, M.D., NICHD; *Grateful Med: Searching the Medical Literature*. Donald Lindberg, M.D., NLM. Mortimer B. Lipsett Auditorium. Noon - 1 p.m.

Dec. 2 Combined Clinical Staff Conference. *Recent Developments in the Pathogenesis and Treatment of Hepatic Encephalopathy*. Anthony Jones, M.D., NIDDK. Mortimer B. Lipsett Auditorium. 3:30-5 p.m.

Dec. 3 - 4 10th NIH Research Safety Symposium. *Emerging Issues in Biomedical Research Safety*. Sponsored by the NIH Division of Safety. Advanced registration required. Masur Auditorium. 8 a.m. - noon.

Dec. 4 *The Troubled Employee*. Sponsored by the Educational Services Office. For information, call 496-1618. Conference Room 1N248. 1 p.m. - 3 p.m.

Dec. 7 Employee Counseling Services (ECS) Guest Lecturer Series. *Holiday Stress: Dealing with the Highs and Lows of the Holiday Season*. Gail Transeau, R.N., M.S.N. Wilson Hall, Building 1, Noon - 1 p.m.

Dec. 8 *Working Safely with HIV in the Research Lab*. NIH Division of Safety. Mortimer B. Lipsett Auditorium. 10 a.m.

Dec. 9 Grand Rounds. *Sporotrichosis*. John Bennett, M.D., NIAID; *The Vasoconstrictor Syndrome as a Cause of Angina and of Hypertension: Speculations on the Etiologic Role of Abnormal Calcium Handling*. Stephen Epstein, M.D., NHLBI. Mortimer B. Lipsett Auditorium. Noon - 1 p.m.

Dec. 10 EPMS Workshop. Sponsored by Educational Services, 496-1618. Conference Room 1N248. 9 a.m. - 5 p.m.

Dec. 16 Grand Rounds. *Septic*

Shock in Humans: Better Management Through Advances in Knowledge. Joseph Parrillo, M.D., CC; *Manic-Depressive Chemistry*. William Potter, M.D., Ph.D., NIMH. Mortimer B. Lipsett Auditorium. Noon - 1 p.m.

Dec. 23 Grand Rounds. *Diagnosis and Treatment of Diastolic Heart Failure*. Robert Bonow, M.D., NHLBI; *Malignant Progression in Breast Cancer*. Edward Gelmann, M.D., NCI. Mortimer B. Lipsett Auditorium. Noon - 1 p.m.

Dec. 25 Christmas

Dec. 30 Grand Rounds. *Amphibian Skin: A Remarkable Source of Novel Bioactive Substances*. John Daly, Ph.D., NIDDK; *Common Variable Hypogammaglobulinemia with Granulomas*. Warren Strober, M.D., NIAID. Mortimer B. Lipsett Auditorium. Noon - 1 p.m.



Clinical Center News is produced monthly by the Office of Clinical Center Communications for employees like Ralph Horton, a registered nurse on 5 East. He began working at the CC 18 years ago as a nursing assistant. In 1980, Ralph earned his well-deserved nursing degree.